

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate FEE ADDRESS* for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESSES		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
		INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		CO-INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		<input type="checkbox"/> Check if additional changes are on reverse side	
SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	DATE MAILED
First Named Applicant			
TITLE OF INVENTION			
AGENTS (City, State and ZIP Code)			
ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE
SMALL ENTITY		FEE DUE	DATE DUE
P 30135 11/15/91 07142888		16-1445 030	1,050.00CH
P 30136 11/15/91 07142888		16-1445 030	15.00CH

Further correspondence to be mailed to the following:	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 <u>Peter C. Richardson</u>
	2 <u>J. Trevor Lumb</u>
	3 <u>Gregg C. Benson</u>

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	6a. The following fees are enclosed:
(1) NAME OF ASSIGNEE:	<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies
2 <u>Pfizer Inc.</u>	(Minimum of 10)
(2) ADDRESS: (City & State or Country)	6b. The following fees should be charged to:
235 East 42nd Street, New York, NY 10017	DEPOSIT ACCOUNT NUMBER <u>16-1445</u>
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION	(Enclose Part C)
Delaware	<input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies <u>10</u>
<input type="checkbox"/> This application is NOT assigned.	<input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees (Minimum of 10)
<input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office.	
<input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.	

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	6. The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.
	(Signature of party in interest of record)
	(Date)
	<u>Gregg C. Benson</u> Reg# <u>38,997</u> <u>11/7/91</u>

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.
Attorney for Applicants

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE